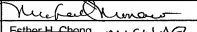


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/814,198-Conf. #6429
		Filing Date	April 1, 2004
		First Named Inventor	Kyoung Ro YOON
		Examiner Name	M. P. Choi
		Art Unit	2621
		Attorney Docket No.	3449-0317PUS1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
							Small Entity Fee (\$)	
							Fee (\$)	
2. EXCESS CLAIM FEES								
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							210	
Multiple dependent claims							370	
							185	
Total Claims Extra Claims Fee (\$) Fees Paid (\$)							Multiple Dependent Claims Fee (\$) Fees Paid (\$)	
19 - 20 = _____ x _____ = _____								
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fees Paid (\$)								
4 - 4 = _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of additional 50 or fraction thereof Fee (\$) Fees Paid (\$)								
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,955
Name (Print/Type)	Esther H. Chong MICHAEL MONACO	Telephone	(703) 205-8000
		Date	January 17, 2008